

APPLICATION FOR SEASONAL EMPLOYMENT

**Town of Eastham
Recreation & Beach Department
2500 State Highway
Eastham, MA 02642**

**Phone: (508) 240-5974
Fax: (508) 240-5975
Email: recreation@eastham-ma.gov**

- ☐ NEW APPLICANT (Please note - Interview process will not begin until May 1)
☐ RE-APPLYING
☐ DATE YOU CAN START WORK _____
☐ WILL WORK THROUGH LABOR DAY 2006
(If you are not able to work through Labor Day, please explain and state the last day you CAN work.

POSITION APPLYING FOR: (1) _____ (2) _____
(Lifeguard, Water Safety Instructor, Counselor, Gate Attendant, Sticker Sales)

(Please print or type)

NAME _____
(Last) (First) (Middle)

SOCIAL SECURITY # _____ ☐ Male ☐ Female

HOME ADDRESS _____ Home Phone _____
(Street)
(City) (State) (Zip)

SCHOOL ADDRESS _____ School phone _____
(School)
(Street, City, State, Zip)

SUMMER ADDRESS _____ Phone _____
(If known) (Street)
(City, State, Zip)

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No
IF YES, STATE ISSUED BY _____
IF YES, DO YOU HAVE USE OF AN AUTOMOBILE? ☐ Yes ☐ No

EDUCATION INFORMATION

High School _____
Prep School _____
College _____
Military Service _____
Other _____

YEAR GRADUATED/CLASS

Please complete all of the information requested on the other side. ----->

EMPLOYMENT EXPERIENCE

1. Employer	<u>Dates Employed</u> From To	Work Performed
Address	<u>Hourly Rate/Salary</u> Starting Final	
Supervisor		
Reason for Leaving		
2. Employer	<u>Dates Employed</u> From To	Work Performed
Address	<u>Hourly Rate/Salary</u> Starting Final	
Supervisor		
Reason for Leaving		
3. Employer	<u>Dates Employed</u> From To	Work Performed
Address	<u>Hourly Rate/Salary</u> Starting Final	
Supervisor		
Reason for Leaving		

Special Skills and Qualifications - (CPR and First Aid Preferred) (For Lifeguards: All certifications must be current and copies must be provided. Water Safety Instructor Preferred.)

PERSONAL REFERENCES - (do not include former employers or family members):

NAME	ADDRESS	TELEPHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

(Applicant Signature)

(Date)

***** Please return to the Town Hall Main Desk between the hours of 8am - 4pm, Monday thru Friday. Or mail to: Town of Eastham 2500 State Highway Eastham Ma. 02642.**